DECLARA	•	Attorney Docket No	imber: MATB-4	00US	
POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION		First Named Invent	or: Christian	F. Greig	
			COMPLETE IF KNOWN		
INIGHINI	LICATION	Application Number			
Declaration Declaration Submitted Submitted a With Initial Filing (surch	ofter Initial Declaration (37 CFR 1.67)	Filing Date:			
		Art Unit:		-	
(37 CFR 1.63) required)		Examiner Name:		· · · · · · · · · · · · · · · · · · ·	1
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ereby declare that: ach inventor's residence, mailing add	dress, and citizenshin are as st	ated below next to their	name.		
believe the inventor(s) named below bught on the invention entitled:	· · · · · · · · · · · · · · · · · · ·			and for which a	patent is
Dagen of the missings of history.					
SYSTEM AND METHOD FOR LA	SER WELDING FOILS				
	(Title of	fthe Invention)			
ne specification of which	•				
is attached hereto					
OR					
UK					
was filed on (MM/DD/YYYY and was amended on (MM/DD/YYYY	() <u>08/13/2004</u> as United States Y) <u>02/07/06 by Preliminary Am</u> e	Application or PCT Inte	mational Application	Number <u>PCT/US</u>	2004/02651
I hereby state that I have reviewed a			cification, including th	e deims, as am	ended by an
amandment specifically referred to a	bove.				•
I acknowledge the duty to disclose in	nformation which is material to p	patentability as defined i	n 37 CFR 1.56, includ	ling for continua	tion-in-part
applications, material information wh filing date of the continuation-in-part	rich became available between application.	the filing date of the pri	or application and the	national or PCT	internationa
i hereby claim foreign priority benefit	ts under 35 U.S.C. 119(a)-(d) o	r (f), or 365(b) of any for	eign application(s) to	patent, invento	r's or plant
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Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Practitioners at Custon	ner Number <u>23122</u>				
OR Practitioner(s) named below:					
Name					
нате		Registration Number			
			•		
as my/our attorney(s) or agent(s Patent and Trademark Office con) to prosecute the application nected therewith.	on Identified above, and	d to transact a	ill business in the United States	
Direct all correspondence to:	Practitioners Custom	or Number 11.			
Practitioners Customer Number listed above; OR ☐ Correspondence Address Below					
Name:					
Address:		·			
City:	State:		Zip:		
Country:	Telephone:	Telephone:		Fax:	
hereby declare that all statement belief are believed to be true; and like so made are punishable by fin eopardize the validity of the applic			hat all stateme	ents made on information and willful false statements and the	
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The state of the sport	ventor:	hereon.	been filed for Family Nam	this unsigned inventor.	
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Name of Sole or First Ing Given Name (first a) Christia	ventor:	□ A Petition has	been filed for Family Nam	this unsigned inventor. e or Surname relg Date: 13 Mm 91	
Christia Christia Inventor's Signature Residence: City: Westford	ventor: dimiddle (if any)) State: MA	□ A Petition has	been filed for Family Nam	this unsigned inventor. e or Surname	
Christia Christia Inventor's Signature Residence: City: Westford Mailing Address: 14 Maple Stree	ventor: dimiddle (if any)) State: MA	□ A Petition has	been filed for Family Nam	this unsigned inventor, e or Surname reig Date: 13 Mm g/	
Name of Sole or First In	ventor: dimiddle (if any)) State: MA	□ A Petition has	been filed for Family Nam	this unsigned inventor, e or Surname reig Date: 13 Mm g/	

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature			Date:				
Residence: City:	State:	Country: Citizenship:					
Malling Address:							
Mailing Address:							
City:	State:	Zip:	Country:				
Name of Third Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature			Date:				
Residence: City:	State:	Country:	Citizenship:				
Mailing Address:							
Mailing Address:							
City:	State:	Zip:	Country:				
Name of Fourth Inventor:		A Petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))		Family Name or Surname					
Inventor's Signature			Date:				
Residence: City:	State:	Country:	Citizenship:				
Malling Address:							
Mailing Address:							
City:	State:	Zip:	Country:				
Additional inventors are listed on Supplemental Sheet(s).							